

SENATE BILL 722

J3

(1lr2661)

ENROLLED BILL

— Finance/Health and Government Operations —

Introduced by ~~Senator Rosapepe~~ Senators Rosapepe, Astle, Garagiola, Glassman, Kelley, Kittleman, Klausmeier, Middleton, and Pugh

Read and Examined by Proofreaders:

Proofreader.

Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this

_____ day of _____ at _____ o'clock, _____ M.

President.

CHAPTER _____

1 AN ACT concerning

2 **Electronic Health Records – Incentives for Health Care Providers –**
3 **Regulations**

4 FOR the purpose of ~~exempting a certain group model health maintenance organization~~
5 ~~from the definition of “carrier” for purposes of certain regulations relating to~~
6 ~~electronic health records; requiring certain regulations relating to electronic~~
7 ~~health records to require incentives for the adoption and use of electronic health~~
8 ~~records for each of certain types of health care providers; requiring certain~~
9 ~~regulations to permit certain health care providers to specify to a~~
10 ~~State regulated payor the form of incentive the health care provider will~~
11 ~~receive; requiring certain regulations to include an option for the health care~~
12 ~~provider to specify that the incentive shall be limited to a certain monetary~~
13 ~~payment~~ requiring certain incentives for the adoption and use of electronic
14 health records to be paid in cash, unless a certain payor and health care

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.

Italics indicate opposite chamber/conference committee amendments.



1 provider agree on an incentive of equivalent value; prohibiting certain
 2 regulations from requiring a group model health maintenance organization from
 3 providing a certain incentive to a certain health care provider; requiring the
 4 regulations to allow a State-regulated payor to request certain information and,
 5 under certain circumstances, reduce an incentive amount; authorizing the
 6 Maryland Health Care Commission to audit a State-regulated payor and a
 7 health care provider and, under certain circumstances, request corrective action;
 8 requiring the ~~Maryland Health Care~~ Commission to conduct a certain study and
 9 report on its findings to certain committees of the General Assembly on or
 10 before a certain date; and generally relating to electronic health records.

11 BY repealing and reenacting, without amendments,
 12 Article – Health – General
 13 Section 19-142(a), (b), (c), (d), (e), and (h)
 14 Annotated Code of Maryland
 15 (2009 Replacement Volume and 2010 Supplement)

16 BY repealing and reenacting, with amendments,
 17 Article – Health – General
 18 Section ~~19-142(b)~~ and 19-143(d)
 19 Annotated Code of Maryland
 20 (2009 Replacement Volume and 2010 Supplement)

21 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
 22 MARYLAND, That the Laws of Maryland read as follows:

23 **Article – Health – General**

24 19-142.

25 (a) In this Part IV of this subtitle the following words have the meanings
 26 indicated.

27 (b) “Carrier” means:

28 (1) An insurer;

29 (2) A nonprofit health service plan;

30 (3) A health maintenance organization, ~~OTHER THAN A GROUP~~
 31 ~~MODEL HEALTH MAINTENANCE ORGANIZATION AS DEFINED IN § 19-713.6 OF~~
 32 ~~THIS TITLE~~; or

33 (4) Any other person that provides health benefit plans subject to
 34 regulation by the State.

1 (c) “Electronic health record” means an electronic record of health–related
2 information on an individual that:

- 3 (1) Includes patient demographic and clinical health information; and
4 (2) Has the capacity to:
5 (i) Provide clinical decision support;
6 (ii) Support physician order entry;
7 (iii) Capture and query information relevant to health care
8 quality; and
9 (iv) Exchange electronic health information with and integrate
10 the information from other sources.

11 (d) (1) “Health benefit plan” means a hospital or medical policy, contract,
12 or certificate issued by a carrier.

- 13 (2) “Health benefit plan” does not include:
14 (i) Coverage for accident or disability income insurance;
15 (ii) Coverage issued as a supplement to liability insurance;
16 (iii) Liability insurance, including general liability insurance and
17 automobile liability insurance;
18 (iv) Workers’ compensation or similar insurance;
19 (v) Automobile or property medical payment insurance;
20 (vi) Credit–only insurance;
21 (vii) Coverage for on–site medical clinics;
22 (viii) Dental or vision insurance;
23 (ix) Long–term care insurance or benefits for nursing home care,
24 home health care, community–based care, or any combination of these;
25 (x) Coverage only for a specified disease or illness;
26 (xi) Hospital indemnity or other fixed indemnity insurance; or

1 (xii) The following benefits if offered as a separate insurance
2 policy:

3 1. Medicare supplemental health insurance, as defined
4 in § 1882(g)(1) of the Social Security Act;

5 2. Coverage supplemental to the coverage provided
6 under Chapter 55 of Title 10, U.S.C.; or

7 3. Similar supplemental coverage provided to coverage
8 under an employer-sponsored plan.

9 (e) (1) “Health care provider” means:

10 (i) A person who is licensed, certified, or otherwise authorized
11 under the Health Occupations Article to provide health care in the ordinary course of
12 business or practice of a profession or in an approved education or training program;
13 or

14 (ii) A facility where health care is provided to patients or
15 recipients, including:

16 1. A facility, as defined in § 10-101(e) of this article;

17 2. A hospital, as defined in § 19-301 of this title;

18 3. A related institution, as defined in § 19-301 of this
19 title;

20 4. An outpatient clinic;

21 5. A freestanding medical facility, as defined in
22 § 19-3A-01 of this title;

23 6. An ambulatory surgical facility, as defined in
24 § 19-3B-01 of this title; and

25 7. A nursing home, as defined in § 19-1401 of this title.

26 (2) “Health care provider” does not include a health maintenance
27 organization as defined in § 19-701 of this title.

28 (h) (1) “State-regulated payor” means:

29 (i) The State Employee and Retiree Health and Welfare
30 Benefits Program; and

1 (ii) A carrier issuing or delivering health benefit plans in the
2 State.

3 (2) "State-regulated payor" does not include a managed care
4 organization as defined in Title 15, Subtitle 1 of this article.

5 19-143.

6 (d) (1) On or before September 1, 2011, the Commission, in consultation
7 with the Department, payors, and health care providers, shall adopt regulations that
8 require State-regulated payors to provide incentives to health care providers to
9 promote the adoption and meaningful use of electronic health records.

10 (2) Incentives required under the regulations:

11 (i) Shall have monetary value;

12 (ii) Shall facilitate the use of electronic health records by health
13 care providers in the State;

14 (iii) To the extent feasible, shall recognize and be consistent with
15 existing payor incentives that promote the adoption and meaningful use of electronic
16 health records;

17 (iv) Shall take into account:

18 1. Incentives provided to health care providers under
19 Medicare and Medicaid; and

20 2. Any grants or loans that are available to health care
21 providers from the federal government; ~~and~~

22 (v) May include:

23 1. Increased reimbursement for specific services;

24 2. Lump sum payments;

25 3. Gain-sharing arrangements;

26 4. Rewards for quality and efficiency;

27 5. In-kind payments; and

28 6. Other items or services to which a specific monetary
29 value can be assigned; **AND**

1 (VI) SHALL BE PAID IN CASH, UNLESS THE
 2 STATE-REGULATED PAYOR AND THE HEALTH CARE PROVIDER AGREE ON AN
 3 INCENTIVE OF EQUIVALENT VALUE.

4 (3) The regulations ~~[need not]~~ ~~SHALL:~~

5 ~~(I)~~ require incentives for the adoption and meaningful use of
 6 electronic health records, for each type of health care provider listed in § 19-142(e) of
 7 this subtitle;

8 ~~(II) PERMIT THE HEALTH CARE PROVIDER TO SPECIFY TO A~~
 9 ~~STATE-REGULATED PAYOR THE FORM OF INCENTIVE THE HEALTH CARE~~
 10 ~~PROVIDER WILL RECEIVE; AND~~

11 ~~(III) INCLUDE AN OPTION FOR THE HEALTH CARE PROVIDER~~
 12 ~~TO SPECIFY THAT THE INCENTIVE SHALL BE LIMITED SOLELY TO A DIRECT~~
 13 ~~MONETARY PAYMENT.~~

14 (4) If federal law is amended to allow the State to regulate payments
 15 made by entities that self-insure their health benefit plans, regulations adopted under
 16 this section shall apply to those entities to the same extent to which they apply to
 17 State-regulated payors.

18 (5) REGULATIONS ADOPTED UNDER THIS SUBSECTION MAY:

19 (I) MAY NOT REQUIRE A GROUP MODEL HEALTH
 20 MAINTENANCE ORGANIZATION, AS DEFINED IN § 19-713.6 OF THIS TITLE, TO
 21 PROVIDE AN INCENTIVE TO A HEALTH CARE PROVIDER WHO IS EMPLOYED BY
 22 THE MULTISPECIALTY GROUP OF PHYSICIANS UNDER CONTRACT WITH THE
 23 GROUP MODEL HEALTH MAINTENANCE ORGANIZATION; AND

24 (II) SHALL ALLOW A STATE-REGULATED PAYOR TO:

25 1. REQUEST INFORMATION FROM A HEALTH CARE
 26 PROVIDER TO VALIDATE THE HEALTH CARE PROVIDER'S INCENTIVE CLAIM; AND

27 2. IF THE STATE-REGULATED PAYOR DETERMINES
 28 THAT A DUPLICATE INCENTIVE PAYMENT OR AN OVERPAYMENT HAS BEEN MADE,
 29 REDUCE THE INCENTIVE AMOUNT.

30 (6) THE COMMISSION MAY:

1 (I) *AUDIT THE STATE-REGULATED PAYOR OR THE HEALTH*
2 *CARE PROVIDER FOR COMPLIANCE WITH THE REGULATIONS ADOPTED UNDER*
3 *THIS SUBSECTION; AND*

4 (II) *IF IT FINDS NONCOMPLIANCE, REQUEST CORRECTIVE*
5 *ACTION.*

6 SECTION 2. AND BE IT FURTHER ENACTED, That:

7 (a) The Maryland Health Care Commission, in consultation with the
8 Department of Health and Mental Hygiene, payors, and health care providers, shall
9 study whether the scope of health care providers that may receive incentives for the
10 adoption and use of electronic health records from State-regulated payors should be
11 expanded beyond primary care providers.

12 (b) On or before January 1, 2013, the Maryland Health Care Commission
13 shall report on its findings under subsection (a) of this section to the Senate Finance
14 Committee and the House Health and Government Operations Committee, in
15 accordance with § 2-1246 of the State Government Article.

16 SECTION ~~2~~ 3. AND BE IT FURTHER ENACTED, That this Act shall take
17 effect July 1, 2011.

Approved:

Governor.

President of the Senate.

Speaker of the House of Delegates.